	≥ .	•.				•			10	1:	1/8,	35%		
								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									150,002					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER			
TO	TAL CLAIMS		10					RATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED .		NUMBER EXTRA		•	BASIC FE	385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			10 minus 20=		. 6		-	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		•	· //		X43=	_	OR	X86≈			
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	-	OR	+290=			
* If the difference in column 1 is less than zero, enter *0* in column 2 TOTAL 3-61 OR											TOTAL			
OF 19/07 CLAIMS AS AMENDED - PART II OTHER THAN												THAN		
_0	•/-/	(Column 1)		(Column 2)		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 20	Minus	- 2	٥			X\$ 9=		OR	X\$18=			
AME	Independent	• 3	Minus		5			X43=		OR	X86=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
.1	1/18/67						L	TOTAL		00	TOTAL ADDIT, FEE			
1,	1.	(Column 1)	•	(Colun	nn 2)	(Column 3)	AL	PEE			AUUII. PEES			
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HEGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 19	Minus	-2	0	- /	Γ	X\$ 9=		OR	X\$18=			
	Independent	. 3	Minus	<u>س</u> خ	21.422	-/		X43=		OR	X86≃			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+145=		OR	+290=			
,										OD !	TOTAL			
		(Column 1)		10-1	3\		AD	OIT. FEE		JA ,	LODIT, FEE			
S	`	CLAIMS REMAINING AFTER		(Colum HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
AMENDMENT C	Total	AMENOMENT	Minus	PAID F	OH ·		+	V6.0	FEE		Veta	FEE		
	Independent	•	Minus .	***	_	=	-	X\$ 9=		OR	X\$18=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X43=		OR	X86=			
		· · · · · · · · ·						145=		OR	+290=			
- 11	the Highest Nur	nn 1 is less than the ober Previously Pai	d For IN THIS	S SPACE &	less than	20. enter "20."	ADI	TOTAL DIT. FEE	·	OR ,	TOTAL DDIT, FEE			
ī	ine Wighest Num he Wighest Num	nber Previously Pa ber Previously Paid	id For IN THIS For (Total or	5 SPACE is Independer	less the nt) is the	n 3, enter "3." highest number			ropriate box	-				